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## APPLICANTS

John Hoover Rouse, Angleton, TX;  
 Ronald Hayden Farquharson, Brazoria, TX;  
 Charles Glenn Betts, Lake Jackson, TX;

## \*\* CONTINUING DATA \*\*\*\*

*None AS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

*None AS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	DRAWING 3	CLAIMS 21	CLAIMS 2
Verified and Acknowledged	<i>AS</i>	Examiner's Signature	Initials		

## ADDRESS

Kenneth A. Roddy  
 Suite 100  
 2916 West T.C. Jester Boulevard  
 Houston, TX  
 77018

## TITLE

Multi-function body-powered prosthetic wrist unit and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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